

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212514047						
1.) CORPORATION NAME: DUE DATE: 3/31/2012 Animal Agriculture Alliance								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KAY JOHNSON SMITH 2101 WILSON BLVD STE 916B ARLINGTON, VA 22201		SCC ID NO: F1171174 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED				
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY								
4.) STATE OR COUNTRY OF INCORPORATION: VA								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 2101 WILSON BLVD., STE 916-B CITY/ST/ZIP: ARLINGTON, VA 22201 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
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NAME:	SHERRIE NIEKAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 NW 114TH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50325		
NAME:	SEASON SOLARIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 PENNSYLVANIA AVE N.W.		
CITY/ST/ZIP/CO:	SUITE 400 WASHINGTON, DC 20004		
NAME:	SHERRIE ROSENBLATT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1225 NEW YORK AVENUE, NW		
CITY/ST/ZIP/CO:	SUITE 400 WASHINGTON, DC 20005		
NAME:	DONNA STEPHENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 PNNSYLVANIA AVENUE NW		
CITY/ST/ZIP/CO:	SUITE 720 WASHINGTON, DC 20004		
NAME:	CHRISTOPHER ASHWORTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3400 GLEN FLORA WAY		
CITY/ST/ZIP/CO:	FORT SMITH, AR 72908		
NAME:	JEFF CANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 74570		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52405		
NAME:	ROGER HADLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5505 BULL RAPIDS ROAD		
CITY/ST/ZIP/CO:	WOODBURN, IN 46797		
NAME:	JEROME GEIGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 BLUEGRASS COMMONS BLVD		
CITY/ST/ZIP/CO:	SUITE 2200 HENDERSONVILLE, TN 37075		
NAME:	JOHN GRAETTINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35500 W 91ST STREET		
CITY/ST/ZIP/CO:	DE SOTO, KS 66018		
NAME:	GENE GREGORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1720 WINDWARD CONCOURSE		
CITY/ST/ZIP/CO:	SUITE 230 ALPHARETTA, GA 30005		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALLAS HOCKMAN DIRECTOR P.O. BOX 10383 DES MOINES, IA 50322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA JACKSON DIRECTOR 3301 N FREEWAY ROAD TUSCON, AZ 85705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMIE JONKER DIRECTOR 2101 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH NOVAK DIRECTOR 2101 WILSON BLVD SUITE 916 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER ORWICK DIRECTOR 9785 MAROON CIRCLE SUITE 360 CENTENNIAL, CO 80112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ASHLEY PETERSON DIRECTOR 1015 15TH STREET NW SUITE 930 WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON PUTZE DIRECTOR 1255 SW PRAIRIE TRAIL PARKWAY ANKENY , IA 50023	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY KAY THATCHER DIRECTOR 600 MARYLAND AVENUE SW SUITE 1000W WASHINGTON, DC 20024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEREK YANCEY DIRECTOR 15121 WELD COUNTY ROAD 32 PLATTEVILLE, CO 80651	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KAY N JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAY N JOHNSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/18/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			